

PACT PROJECT INTERVENTION

One of **PACT project main objectives** is to improve the Public Social Services System in Castilla y León (Spain) so they can provide a **promotional, qualifying and appreciative intervention**.

For that purpose, it is necessary the creation of joint tools (HDME), a clear identification of professionals' roles during the intervention (Professional of Reference and Case Manager) and an **adaptation of the kind of intervention that these professionals provide**.

Model description

As we mentioned above, PACT means, among other things, an adaptation to a concrete intervention model. This new model aims to achieve these objectives:

- **Better understanding** of people's situation (*multidimensional approach*).
- Find **positive elements**, within the individual and his environment, **that help to overcome the situation** and to value what works well (*appreciative approach*).
- Translate power to the user, so he is capable of elaborating his own itinerary (*diagnosis return and empowerment*).

Professional roles

This new model implies to redefine the Pilot Team professionals' roles. In particular, two figures appear:

Professional of Reference (PR): CEAS professional (Social Action Centre- the entry door to Social Services) whose main function is to guarantee the continuity and rationality in the assistance and the access to the Social Services Catalogue resources.

PACT Case Manager (CM): he is the professional who carries out direct intervention according to PACT model. He can work at CEAS (the PR can also develop the same functions as CM), at the second level of Public Social Services, Third Sector entities or in their second level.



Intervention Phases

Intervention according to PACT model is divided into four phases (the 4D):

- In the first one, **Discover**, the professional becomes familiar with the case and does, together with the individual, a joint analysis of the case with the HDME. For the success of this phase, it is necessary to establish a bond of trust among professional and participant.
- **Dream** is the phase where individual's desires appear: his strengths, leverage points (weaknesses), interests, etc.
- **Design** pretends to plan concrete actions that will be carried out to improve or change the situation. They will be decided by the participant.
- Finally, plan execution and monitoring will be developed during **Destiny** phase. The Case Manager is in charge of accompaniment and change measurement.

Discover

- Relational setting (new approach)
- Joint analysis of the situation (HDME)
- Change of approach (from deficiency to appreciative)
- VALUE the reality**

Dream

- Express desires (participant)
- Consider what works with the User System (energy to preserve and increase)
- Locate leverage points (weaknesses)
- VISUALISE horizon**

Design

- Plan forward
- Stablish the timeline
- Determine necessary supports and strengths
- Contract (case plan)
- PURPOSE a path**

Destiny

- Move forward within the case plan
- Accompaniment
- Delivery / mobilisation of necessary supports
- Change measurements
- ACCOMPANY Close**

DISCOVER

Discover phase objectives:

- Establish the relational setting among professional and participant.
- Collect and sign in the computer tool relevant information.
- Analyse the information with the HDME.

CM's tasks during *Discover* phase:

- **Subpoena:** first of all, GSS (Social Services Management) sends a letter to all members of the sample in order to inform them that they are going to be offered a personalised support intervention and that, in the coming days, the CM will telephone them to explain, in a more detailed way, what this intervention consists of.
- **First interview:** during this meeting, the CM offers a deeper explanation of the project and the sort of intervention that it implies and, if the participant consents, he signs the INFORMED CONSENT.
- **Second and following interviews:** professional and participant share their appraising observations about the HDME dimensions (economical, housing and environment, employment, healthy, personal and relational) and they upload them to the computer programme (HDME).



DREAM

Dream phase objectives:

- ☉ Detect **supporting factors of the situation (both positive and negative) and leverage points (weaknesses)**: desires, interests, etc. that serve as motor of the change.
- ☉ Predict the **future scenario** in case of “not acting”.
- ☉ **Translate the responsibility** to the participant (*empowerment*).

CM’s tasks during Dream phase:

- ☉ **Diagnosis return interview**: participant and professional do a joint evaluation of the result generated by the HDME. Identification of factors.
- ☉ Motivate the participant so **he reflects on the aspects that can be successfully influenced** in the short/mean term.



DESIGN

Design phase objectives:

- A case plan is elaborated. Once the situation has been analysed, strengths and leverage points (weaknesses) have been detected, and if the individual is willing to improve, concrete actions and deadlines must be established.

CM's tasks during Design:

- The participant elaborates his case plan and presents it to the CM. That itinerary must contain:
 - Factors he can act on (those already marked in the HDME diagnosis).
 - Possible strategies: “maintain”, “increase”, “reduce”, “control”, etc.
 - Forthcoming actions: they have to be specific and viable in the short-term.
 - Timeline.
 - Necessary supports: professional, environment, etc.
 - Monitoring: accompaniment.



DESTINY

Destiny phase objectives:

- Case plan execution, with necessary supports.
- Analyse and feedback the scope and impacts obtained.

CM's tasks during Destiny:

- Mobilisation of the Network resources (existent or new supports) by CM or/and PR.
- Monitoring sessions.
- Six months later, use again the HDME (O₂) and/or case closing.
- Case closing: this new HDME result is written down in the final inform.

